

Recruitment and Retention Strategies

**For RCT's Involving Behavioral
Interventions**

Lynda H. Powell PhD.

Rush-Presbyterian-St. Luke's Medical Center

Chicago, IL

lpowell@rush.edu

Preventive Medicine at RUSH

- **MRFIT**
- **TOHP**
- **Women's Health Initiative (WHI)**
- **African American Study of Kidney Disease & Hypertensive (ASSK)**
- **Antihypertensive & Lipid Lowering to Prevent Heart Attack Trial (ALLHAT)**
- **Enhancing Recovery In Coronary Heart Disease (ENRICHD)**
- **Study of Women's Health Across the Nation (SWAN)**
- **Heart Failure Adherence and Retention Trial (HART)**

Top 10 List for Successful Recruitment

.....drum roll please

Top 10 List for Successful Recruitment

#10. Develop a recruitment plan

Accessibility and Interest of Heart Failure Patients

Accessibility and interest of heart failure patients (NYHA Functional Class II or III)

Recruiting Hospital	Accessible	Women	Minority	N Sampled	“Interested”	“Very Interested”
WEST CLUSTER						
Rush-Presbyterian-St. Luke’s	1500	45%	70%	48	46 (95.8%)	18 (37.5%)
University of Illinois, Chicago	180	54%	75%	13	12 (92.3%)	11 (84.6%)
Cook County	440	45%	98%	20	18 (90.0%)	16 (80.0%)
NORTH CLUSTER						
Rush North Shore	2048	30%	6%	12	7 (58.3%)	5 (41.7%)
Lutheran General	1238	44%	15%	23	22 (95.7%)	7 (30.4%)
Evanston	560	45%	7%	25	18 (72.0%)	9 (36.0%)
SOUTH CLUSTER						
Christ	860	44%	21%	47	39 (83.0%)	28 (57.4%)
TOTAL	6626	40.2%	32.3%	188	162 (86.2%)	93 (50.0%)

Top 10 List for Successful Recruitment

#9. Choose recruiters carefully

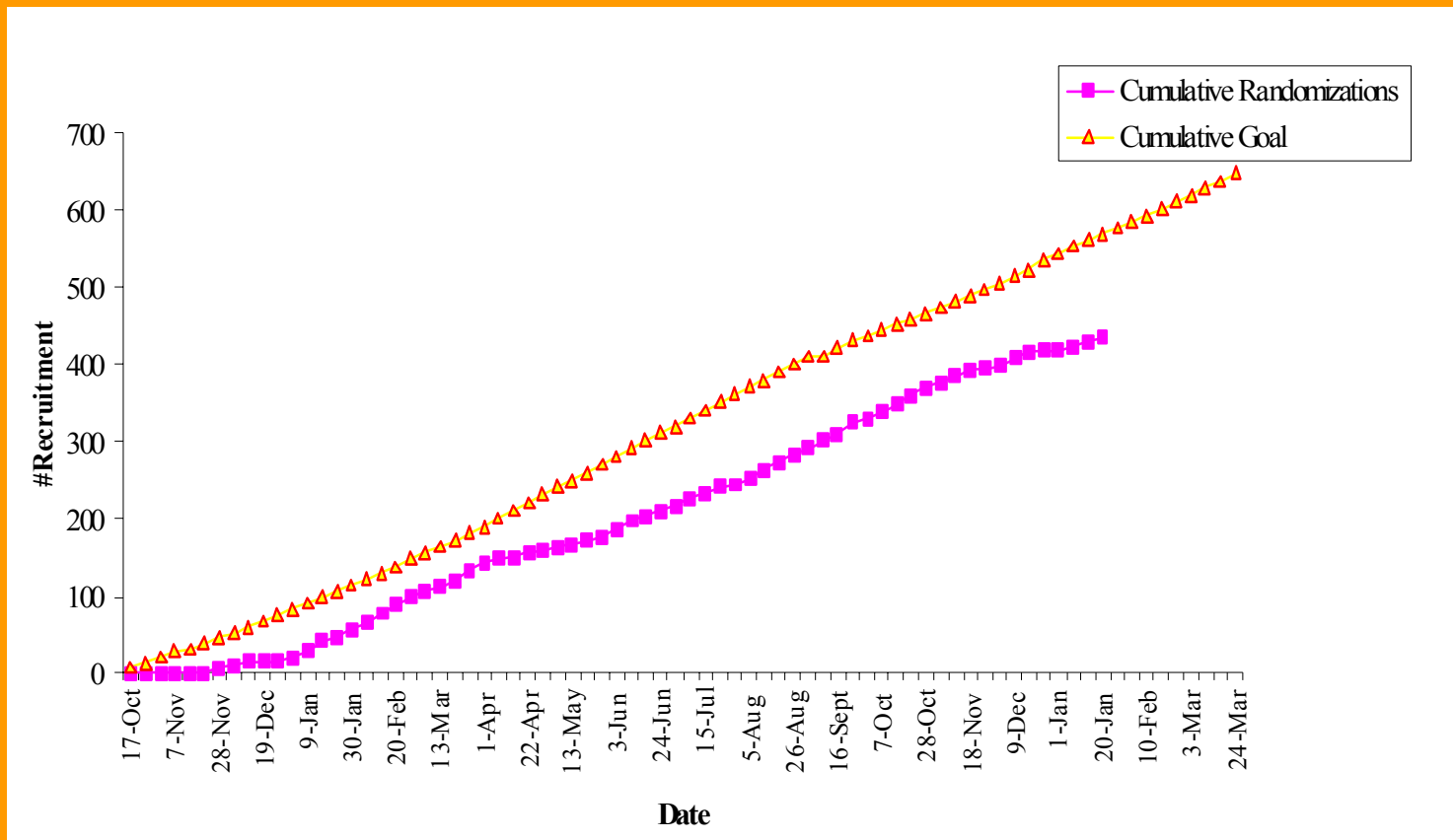
Top 10 List for Successful Recruitment

#8. Match recruiters to subjects

Top 10 List for Successful Recruitment

**#7. Develop a tracking system
and monitor carefully**

Recruitment per week versus goal



HART Weekly VS Cumulative Randomizations

Table 1. HART Weekly Vs Cumulative Randomizations

Group Date	Randomized Participant / Week	Cumulative Randomizations	% Goal	Cumulative Goal
4-Nov	8	378	80%	474
11-Nov	8	386	80%	482
18-Nov	7	393	80%	490
25-Nov	3	396	80%	498
2-Dec	2	398	79%	506
9-Dec	11	409	80%	514
16-Dec	7	416	80%	522
23-Dec	2	418	78%	537
1-Jan	0	418	77%	545
6-Jan	6	424	77%	553
13-Jan	6	430	77%	561
20-Jan	4	434	76%	569
27-Jan				577
3-Feb				585

2001 4th Quarter Goal (NIH Quota) = 83

2001 4th Quarter Randomizations = 16

2002 1st Quarter Goal (NIH Quota) = 98

2002 1st Quarter Randomizations = 118

2002 2nd Quarter Goal (NIH Quota) = 130

2002 2nd Quarter Randomizations = 77

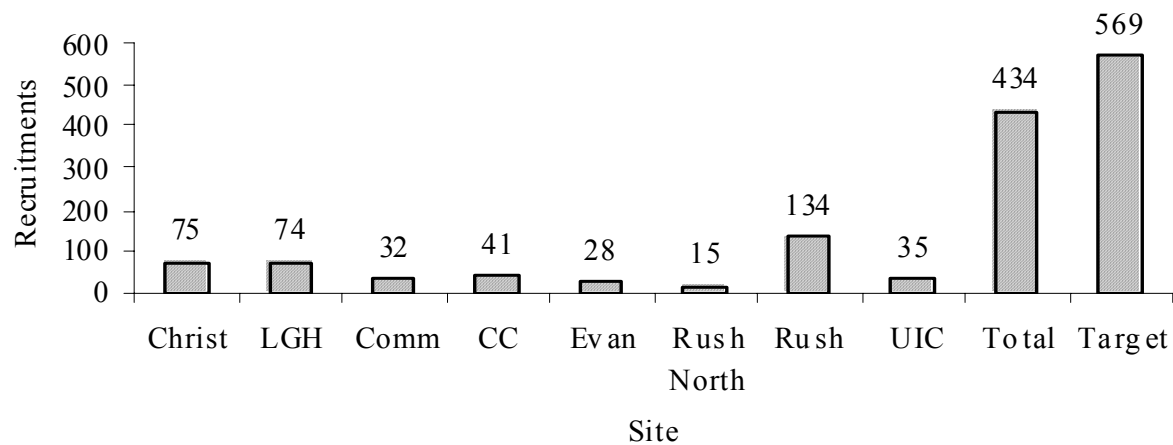
2002 3rd Quarter Goal (NIH Quota) = 120

2002 3rd Quarter Randomizations = 113

2002 3rd Quarter Goal (NIH Quota) = 106

2002 4th Quarter Randomizations = 94

Site Recruitment



Patients Enrolled Each Calendar Week of Recruitment by Clinical Center

Clinical Center	Total	Last 4 Week Average	Last 8 Week Average
Advocate Christ Hospital	75	0.3	0.8
Advocate Lutheran Hospital	74	2.8	2.1
Community	32	0.0	0.5
Cook County Hospital	41	0.0	0.0
Evanston Hospital	28	0.3	0.1
Rush North Shore Medical Center	15	0.8	0.6
Rush-Presbyterian-St. Luke's Medical Center	134	0.5	1.0
University of Illinois at Chicago	35	0.0	0.0
TOTAL	434	4.5	5.1

HART Weekly Numbers

January 27, 2003

Jan. 20 – Jan. 25, 2003	# Contacts	# Pt. Contacts	# Baselines Scheduled	# Randomized	# Annual Visits	# Baselines This Week
Anna	25	15	3	3	2	1
Chad	15	5	0	0	2	0
Diane	20	15	1	0	3	1
Jill	10	7	1	1	4	1
Total	70	42	5	4	11	3

Top 10 List for Successful Recruitment

**#6. Principal Investigator must
get involved**

Top 10 List for Successful Recruitment

**#5. Keep relationships with
recruiting collaborators healthy**

Letter to Collaborators

FROM: Lynda Powell
SUBJ: November Recruitment Report

Attached, for your information, is the November HART recruitment report. Here are the highlights.

Table 1 and Figure 1 presents overall randomizations, compared to the NIH quotas. As of October 11, 2002, we were at 75% of the NIH quota. Recruitment is slowly improving from 73% of goal in the middle of September to 80% of goal in the middle of November. This trend is encouraging. Recruitment ends on October 1, 2003. The recruitment goal is 900 patients. We have a 100 patient shortfall.

Figure 2 and Table 2 distill these total numbers into site-specific accumulations. U of I will not be able to collaborate with us until they hire a new heart failure specialist. To meet our recruitment goals, we need a steady flow of 2 randomizations per week from each of our 6 collaborating hospitals. We need help with the recruitment effort. Please talk about HART with your staff and patients. Please feel free to call me to discuss this (312) 942-2013.

Top 10 List for Successful Recruitment

**#4. Keep recruiting staff
healthy**

Top 10 List for Successful Recruitment

**#3. Change unsuccessful
strategies quickly!**

Top 10 List for Successful Recruitment

**#2. Identify and overcome
barriers to participation**

Top 10 List for Successful Recruitment

**#1. Take the time to develop
personal relationships with
potential participants**

Top 10 List for Good Retention

.....drum roll please

Top 10 List for Good Retention

**#10. Be considerate of
participants' time - keep it
simple.**

Top 10 List for Good Retention

**#9. Maintain good relationship
with primary care physician**

Top 10 List for Good Retention

**#8. Decide on the minimum data
needed from reluctant
participants**

Top 10 List for Good Retention

**#7. Identify and overcome
barriers to continued
participation**

Top 10 List for Good Retention

**#6. Keep the door open with
reluctant subjects**

Top 10 List for Good Retention

#5. Avoid staff burnout

Top 10 List for Good Retention

**#4. Submit a REALISTIC budget
that includes a line item for
retention tools**

Top 10 List for Good Retention

**#3. Provide continuity over time
in the staff contact**

Top 10 List for Good Retention

**#2. Choose your participants
wisely**

Assess patient intent and willingness to change:

Patient is not interested in making lifestyle changes now or in the future = 1

Patient is open to hearing about ways to make some lifestyle changes = 2

Patient is very interested in learning how to make lifestyle changes = 3

Patient has already made significant lifestyle changes and doesn't wish to make any more = 4

Patient is not interested for other reasons = 5

Top 10 List for Good Retention

**#1. Make your participants feel
special!**

Summary:

**Recruitment and retention is all
about relationships.**

**Develop them and maintain
them.**

Summary:

**These relationships require time,
patience, and resources.**

Summary:

Find a balance between the demands to recruit and the need to retain.

Summary:

Problems ALWAYS occur. Success is related to the speed with which they are identified and resolved.